

WASHINGTON COUNTY SCHOOL DISTRICT

**APPLICATION FOR LONGEVITY STEP INCREASE
(CLASSIFIED EMPLOYEES)**

Submit by March 15th of the year preceding the Longevity Step Increase to Human Resources Department

Background Data

Today's Date: _____ Social Security Number: _____

Print Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt Phone: _____

Please list all years of experience with WCSD that you would like to be considered:

From Date:	To Date:	Location	Assignment	Contracted Hrs/Day?

Employee Signature: _____ Date: _____

For HR Dept Use Only		
Date Submitted	Approval	Denial
Notes:		

Human Resources Signature: _____ Date: _____